

MAY 12 1997

or

ER-WM-119: Rev. 11/93

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT/DATA ENTRY

Site I.D. # 1PIAID9812617911691
 Site Name B. Braun Medical, Inc.
 Address 901 Marcon Blvd.
Allentown, PA 18103
 Municipality Harver twp
 Responsible Official Dr. Lorraine Lucas
 Person Interviewed Lisa Millington
 Inspector Stephen Puzio

Telephone # 610-266-0500
 Operator Name _____
 Address _____
 County _____
 Title Director Medical and Scientific Affairs
 Title Environmental Affairs Assistant
 Time 930 PH# 691-5400

| Date | Inspection Date | Inspection Type | Facility Type | Inspector Number | # Violation |
|---|-----------------|-----------------|------------------------|------------------|-------------|
| <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> | <u>0411797</u> | <u>011</u> | <u>0607</u> <u>MDK</u> | <u>2238</u> | <u>00</u> |

Comment FORMERLY BURRIGAN MEDICAL

Sample # Low

Monitoring Points Samp

Please...

- ☐ Read
☐ Handle
☐ Approve

And...

- ☐ Forward
☐ Return
☐ Keep or Recycle
☐ Review with Me

ROUTING & REQUEST

To: WM file
B. Braun Medical
PAD 982679169
Lehigh
formerly Burrigan Medical
Inspector

From: _____

Post-It® 7664 C3M 1995

Date: _____

INSPECTION TYPE

- | | |
|--------------------|--------------------|
| 01 Routine | 10 Spill response |
| 02 Spill response | 11 Remedial Action |
| 03 Remedial Action | 12 Follow Up |
| 04 Follow Up | 13 Crit Stage |
| 05 Crit Stage | 14 Sample Only |
| 06 Sample Only | 15 Permitting |
| 07 Permitting | 16 Superfund |
| 08 Superfund | 50 Ground Water |
| 09 Ground Water | 99 Other |

Landfill

- 03 Processing
 04 Incinerator
 05 Surface Application

Processing

- 08 Processing
 09 Incinerator
 10 Surface Application
 11 Surface impoundment
 12 Surface Injection Well
 13 Generator
 14 SQG

Hazardous

- 01 Disposal
 02 Treatment
 03 Storage
 04 Transporter
 05 Permit by Rule
 06 Generator
 07 SQG
 08 RRR
 09 Other
 50 Superfund

EVALUATION - VIOLATION - ENFORCEMENT FORM

04/95 VERSION

Handwritten ID Number

PAD 982679169

Contact Name

Lisa Millington

RESERVED FOR
EPA USE

Handler Name:

B. Braun Medical, Inc

Street

901 Marcon Blvd.

City

Allentown, PA

UNIVERSE CHANGE REQUIRED YES ☒ NO ☐

I. Indicate the facility's current universe(s):

5QG

II. Indicate the new RCRIS Generator Universe (mark only one):

LQG ☒ CEG ☐ NON-HANDLER ☐
SQG ☐ CLOSED ☐

NOTE: All TSD activity changes must be handled by the state data coordinator and cannot be made using this form

III. Indicate the new transporter status (Mark here only if the facility requires a transporter status change):

Transporter ☐

If the transporter box is checked, you must check at least one of the boxes below:

Mark Mode of Transportation

☐ Air ☐ Water
☐ Rail ☐ Other
☐ Highway

Non-Transporter ☐

Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.

EVALUATION Add ☒ Change ☐ Delete ☐

| Date | Number | Agency | Type | Reason | Branch | Person |
|----------|--------|--------|------|--------|--------|------------|
| 04/17/97 | | 5 | CEI | | | R.A.S.D.P. |

AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)

| | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| GGR <input checked="" type="checkbox"/> | GSC <input type="checkbox"/> | TWD <input type="checkbox"/> | DGW <input type="checkbox"/> | DOR <input type="checkbox"/> | DWP <input type="checkbox"/> | BRR <input type="checkbox"/> | FEA <input type="checkbox"/> |
| GLB <input checked="" type="checkbox"/> | GSQ <input type="checkbox"/> | DCH <input type="checkbox"/> | DLB <input type="checkbox"/> | DPB <input type="checkbox"/> | DIN <input type="checkbox"/> | BPS <input type="checkbox"/> | CSS <input type="checkbox"/> |
| GMR <input checked="" type="checkbox"/> | GEX <input type="checkbox"/> | DCL <input type="checkbox"/> | DLF <input type="checkbox"/> | DPP <input type="checkbox"/> | DIA <input type="checkbox"/> | BIS <input type="checkbox"/> | |
| GOR <input checked="" type="checkbox"/> | TGR <input type="checkbox"/> | DCP <input type="checkbox"/> | DLT <input type="checkbox"/> | DSI <input type="checkbox"/> | DPS <input type="checkbox"/> | BCE <input type="checkbox"/> | |
| GPT <input type="checkbox"/> | TMR <input type="checkbox"/> | DFR <input type="checkbox"/> | DMC <input type="checkbox"/> | DTR <input type="checkbox"/> | DOP <input type="checkbox"/> | BDT <input type="checkbox"/> | |
| GRR <input checked="" type="checkbox"/> | TOR <input type="checkbox"/> | DGS <input type="checkbox"/> | DMR <input type="checkbox"/> | DTT <input type="checkbox"/> | DMI <input type="checkbox"/> | CAS <input type="checkbox"/> | |

Comments Formerly Burron Medical NO VIOLATIONS NOTED

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

| Agency | Number | Area | Date Determined | Agency | Number | Area | Date Determined |
|--------|--------|------|-----------------|--------|--------|------|-----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

VIOLATION Add ☐ Change ☐ Delete ☐

Link to Above Evaluation (Y/N)

Agency Number Area Class Regulation Type Regulation Citation

Date Determined

Priority

Branch

Person

Scheduled

Actual

Comments

☐ Required ☐ Required if pertinent ☐ Required only for previously reported data ☐ Not Required by EPA

Handler ID Number: Handler Name:

04/95 VERSION

VIOLATIONS:

| | | | | | |
|---|--------------------------------|----------------------------------|-----------------------------------|---|--|
| Agency <input type="checkbox"/> | Number <input type="text"/> | Area <input type="text"/> | Class <input type="checkbox"/> | Regulation Type <input type="text"/> | Regulation Citation <input type="text"/> |
| Date Determined <input type="text"/> | | Priority <input type="text"/> | Branch <input type="text"/> | Person <input type="text"/> | Returned to Compliance Scheduled <input type="text"/> Actual <input type="text"/> |
| Comments <input type="text"/> | | | | | |

VIOLATION:

| | | | | | |
|---|--------------------------------|----------------------------------|-----------------------------------|---|--|
| Agency <input type="checkbox"/> | Number <input type="text"/> | Area <input type="text"/> | Class <input type="checkbox"/> | Regulation Type <input type="text"/> | Regulation Citation <input type="text"/> |
| Date Determined <input type="text"/> | | Priority <input type="text"/> | Branch <input type="text"/> | Person <input type="text"/> | Returned to Compliance Scheduled <input type="text"/> Actual <input type="text"/> |
| Comments <input type="text"/> | | | | | |

VIOLATION:

| | | | | | |
|---|--------------------------------|----------------------------------|-----------------------------------|---|--|
| Agency <input type="checkbox"/> | Number <input type="text"/> | Area <input type="text"/> | Class <input type="checkbox"/> | Regulation Type <input type="text"/> | Regulation Citation <input type="text"/> |
| Date Determined <input type="text"/> | | Priority <input type="text"/> | Branch <input type="text"/> | Person <input type="text"/> | Returned to Compliance Scheduled <input type="text"/> Actual <input type="text"/> |
| Comments <input type="text"/> | | | | | |

ENFORCEMENT:

| | | | | | | |
|---|---|------------------------------------|---|-----------------------------------|--------------------------------|---|
| Date <input type="text"/> | Number <input type="text"/> | Agency <input type="checkbox"/> | Type <input type="text"/> | Branch <input type="text"/> | Person <input type="text"/> | Attorney Initials <input type="text"/> |
| Docket Number <input type="text"/> | | | | | | |
| Penalty Type <input type="text"/> | Penalty Amount \$ <input type="text"/> | | Multimedia Enforcement Codes (Place an 'X' next to all that apply) | | | |
| <input type="text"/> | \$ <input type="text"/> | | <input type="checkbox"/> AIR | <input type="checkbox"/> UST | | |
| | | | <input type="checkbox"/> EPCRA | <input type="checkbox"/> UIC | | |
| | | | <input type="checkbox"/> FIFRA | <input type="checkbox"/> WATER | | |
| | | | <input type="checkbox"/> SPCC | <input type="checkbox"/> WETLANDS | | |
| | | | <input type="checkbox"/> TSCA PCB | | | |
| NOTE: To record activities for Supplemental Environmental Projects (SEPs) or to add penalty payment information, use the Supplemental Enforcement Form. | | | | | | |
| Comments <input type="text"/> | | | | | | |

VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION:

| Agency | Number | Area | Date Determined | Agency | Number | Area | Date Determined |
|--------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS - PART A

Date of Inspection 04/17/97 Time start 930 Time finish 1300
Name of Inspector Stephen Puzio
Company, installation name B. Braun Medical, Inc.
Location 901 Marcon Blvd. Allentown, PA 18103
County Lehigh Municipality Hanover twp
Identification number PAD 982679169
Name of responsible official Dr. Lorraine Lucas
Title Director Medical and Scientific Affairs
Mailing Address 824 Twelfth Ave. Bethlehem, PA 18018-0027
Area code and telephone number 610-691-5400
Name of person interviewed Lisa Millington
Title Environmental Affairs Assistant
Mailing address (if different from above) 824 Twelfth Avenue P.O. Box 4027 Bethlehem,
Area code and telephone number 610-691-5400 ext. 4534 PA 18018

1. Current waste handling method: < 90 days
- | | | | | |
|---|-------------------------------------|--|--|---|
| a. <input checked="" type="checkbox"/> On-site | <input type="checkbox"/> treatment, | <input checked="" type="checkbox"/> storage, | <input type="checkbox"/> disposal | <input checked="" type="checkbox"/> PBR |
| b. <input type="checkbox"/> On-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |
| c. <input checked="" type="checkbox"/> Off-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input checked="" type="checkbox"/> disposal | |
| d. <input type="checkbox"/> Off-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |
2. Amount of hazardous waste produced:
- a. approx. 2,200 lbs / mo. large quantity generator
- b. _____ kg./yr.
3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

| Waste Number | Destination Facility | Location and Type |
|------------------------------------|--------------------------------|-------------------|
| D001 | Chemical Conservation of GA | Valdosta, GA |
| D039, D008 | Safety-Kleen Corp. | Allentown, PA |
| D001, F002 LWD, Inc. | LWD, Inc. | Calvert City KY |
| D009, D010 | Environmental Enterprises, Inc | Cincinnati, OH |

4. Source Reduction: ☐ accomplished, ☒ proposed, ☐ not proposed

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS - PART B

Site Name B. Braun Medical ID Number PAD 982679169 Date 04/17/97

Hazardous Waste Inspection Report
Generators - Part B

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

| STATUS | | | | REQUIREMENT | CHAPTER CITATION | LINE ITEM |
|--------|---|---|---|---|------------------|-----------|
| 1 | 2 | 3 | 4 | | | |
| 1 | | | | Hazardous waste determination, performed on all waste streams | 262.11 | H001 |
| 1 | | | | Identification number | 262.12 | H002 |
| 1 | | | | Hazardous waste shipments offered only to licensed transporters | 262.12(d) | H003 |
| 1 | | | | Authorization received from TSD facility for wastes shipped off-site within PA | 262.13 | H004 |
| | | 3 | | PA manifest used for intrastate shipments | 262.20(b) | H005 |
| 1 | | | | TSD state manifest or PA manifest used for out-of-state shipments | 262.20(c) | H006 |
| 1 | | | | Manifests filled out properly and completely | 262.20(g) | H007 |
| 1 | | | | Manifests routed properly and within time limits (7 days) | 262.23(e)(f) | H008 |
| | | 3 | | Proper U.S. DOT shipping containers or packages being used | 262.30(1) | H009 |
| | | 1 | | Shipping containers marked and labeled according according to U.S. DOT | 262.30(2) | H010 |
| | | 1 | | Containers of 110 gal. or less permanently marked with required hazardous waste label | 262.30(3) | H011 |
| | | 1 | | Placards offered to transporter | 262.33 | H012 |
| 1 | | | | Waste in containers or tanks accumulated on-site for less than 90 days | 262.34(a)(1) | H013 |
| | | 3 | | Wastes placed in containers properly marked and labeled or in tanks meeting requirements of Chapter 265, Subchapter J | 262.34(a)(2) | H014 |
| | | 3 | | Containers managed in accordance with Chapter 265, Subchapter I (any non-compliance for Subchapter I requirements is a violation of 262.34(a)(3)) | 262.34(a)(3) | H015 |
| 1 | | | | a). All containers of haz. waste in good condition | 265.171 | H016 |
| 1 | | | | b). Containers compatible with hazardous waste being stored within | 265.172 | H017 |
| 1 | | | | c). Containers of hazardous waste kept closed | 265.173(a) | H018 |
| 1 | | | | d). Containers of hazardous waste are managed to prevent leaks | 265.173(b) | H019 |
| | | 3 | | e). Containers of hazardous waste labelled to accurately identify contents | 265.173(c) | H020 |
| 1 | | | | f). Haz. waste accumulation areas inspected at least weekly | 265.174 | H021 |
| 1 | | | | g). Special requirements for ignitable, reactive and incompatible waste being met | 265.176 - .177 | H022 |
| 1 | | | | h). Proper containment and collection system(s) | 265.178 | H023 |
| 1 | | | | Containers clearly marked with accumulation date and visible for inspection | 262.34(a)(4) | H024 |
| 1 | | | | On the job or classroom personnel training program as per 265.16 | 262.34(a)(5) | H025 |

**Hazardous Waste Inspection Report
Generators - Part B**

PAD982679169

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

| STATUS | | | | REQUIREMENT | CHAPTER CITATION | LINE ITEM |
|--------|---|---|---|---|-----------------------|-----------|
| 1 | 2 | 3 | 4 | | | |
| 1 | | | | Records retained at designated location for 20 years <i>3 years</i> | 262.40(a) | H026 |
| | 2 | | | Quarterly reports submitted to the Department | 262.41(a) | H027 |
| | | 3 | | Exception reporting procedures followed | 262.42 | H028 |
| | 2 | | | Hazardous waste disposal plan, if required | 262.45 | H029 |
| 1 | | | | Spill reporting procedures followed | 262.46(a) | H030 |
| 1 | | | | Preparedness, Prevention and Contingency Plan developed and implemented in accordance with Chapters 264 and 265 | 262.46(e) | H031 |
| | 2 | | | Special requirements followed for international shipments | 262.50, .53, .55, .60 | H032 |
| | | 3 | | Source reduction strategy prepared and available | 262.80 | H033 |

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

| 1-No Violation Observed | | | | 2-Not Applicable | 3-Not Determined | 4-Non-Compliance |
|-------------------------|---|---|---|---|------------------|-------------------------|
| Status | | | | REQUIREMENT | | Citation |
| 1 | 2 | 3 | 4 | | | 40 CFR Part 268 |
| | | | | Generators | | |
| 1 | | | | Notification sent with shipments of wastes that do not meet treatment standards. | | 7(a)(1) |
| 1 | | | | Notification and certification sent with shipments of wastes meeting treatment standards. | | 7(a)(2) |
| | | 3 | | Dilution not used as a substitute for treatment. | | 3 |
| 1 | | | | Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification. | | 7(a)(5), (a)(6) |
| | | | | Storage Facilities | | |
| | 2 | | | Facility verifies generators classification of waste in accordance with waste analysis plan. | | 25 Pa Code 265.13(c) |
| | 1 | | | Containers marked to identify contents and accumulation date. | | 50(a)(2) |
| | 1 | | | Notification sent with shipments of wastes that do not meet treatment standards. | | 7(a)(1) |
| | 1 | | | Notification and certification sent with shipments of wastes meeting treatment standards. | | 7(a)(2) |
| | ↓ | | | Facility maintains records of documents produced pursuant to LDR requirements. | | 7(a)(6) |
| | | | | Treatment Facilities, including PBR and RRR Facilities | | |
| | | 3 | | Dilution not used as a substitute for treatment. | | 3 |
| 1 | | | | Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. | | 7(b) |
| 1 | | | | Certification and/or notification sent with shipments of waste. | | 7(b)(4), (b)(5), (b)(6) |
| | | | | Land Disposal Facilities | | |
| | 2 | | | Facility tests wastes received to assure compliance with applicable treatment standards. | | 7(c)(2) |
| | ↓ | | | Facility land disposes of restricted waste only if it meets applicable treatment standard. | | 40 |
| | ↓ | | | Facility retains copies of generator notifications and certifications. | | 7(c)(1) |

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 04/17/97 Identification Number PAD982679169
Company/Facility/Site Name B. Braun Medical, Inc.

Inspected facility with Charles Scheidler (PADEP), Lisa Millington (B. Braun), Karen Zakszeski (B. Braun) and Robert Tinney (B. Braun). This facility, formerly Burrin Medical, is currently a large quantity generator. B. Braun Medical manufactures plastic disposable devices. Hazardous waste generated from manufacturing of plastic medical products. B. Braun currently generates approx. 2200 lbs of hazardous waste per month. I toured the manufacturing areas, waste accumulation areas, and waste treatment area. Periodically, this facility ^{also} neutralizes Ethylene Glycol process wastewater under a elementary neutralization permit by rule. The neutralized process water is then take offsite by American Chemical Exchange. I concluded the inspection by reviewing B. Braun Medical's Records on 5/6/97.

Reviewed

PPC plan

Manifests

inspections

NOTE: All containers that hold hazardous waste should be labeled to properly identify them.

NO VIOLATIONS NOTED

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Lisa Millington

Date

5/6/97

Inspector (signature)

Stephen T. [illegible]

Date

05/06/97